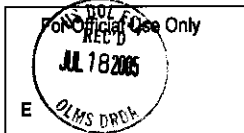


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3461</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Laura</u> <u>B</u> <u>Calhoun</u> P.O. Box, Bldg., Room No., if any <u>NYS United Teachers</u> Street <u>800 Troy-Schenectady Rd</u> City <u>Latham</u> State <u>New York</u> ZIP Code + 4 <u>12110-2455</u>	4. Name, file number, and address of labor organization. Name <u>New York State United Teachers</u> Labor Organization File Number <u>070521</u> P.O. Box, Building and Room Number, if any Street <u>800 Troy-Schenectady Rd</u> City <u>Latham</u> State <u>New York</u> ZIP Code + 4 <u>12110-2455</u>
5. Position in labor organization. <u>Coordinator of Benefits</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount. 

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>7/11/2005</u> Date	<u>518-213-6000</u> Telephone Number

Name of Person Filing Laura Calhoun

File Number U- 3461

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name HEAT USA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 35 E 21 St

City New York

State New York ZIP Code + 4 12110-2455

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name New York State United Teachers Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 Troy-Schenectady Rd

City Latham

State New York ZIP Code + 4 12110-2455

## 11.a. Nature of such dealing.

Endorsed heating oil cooperative for services offered to NYSUT membership

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Holiday gift - cookie basket and jar. Estimated value \$30.

## 12.b. Amount.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing Laura Calhoun

File Number U-

3461

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Delta Dental of New York

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 Delta Drive

City Mechanicsburg

State Pennsylvania

ZIP Code + 4 17055

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name New York State United Teachers Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 Troy-Schenectady Road

City Latham

State New York

ZIP Code + 4 12110-2455

## 11.a. Nature of such dealing.

Contracted provider of dental benefit programs offered to NYSUT membership.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Get well gift- flowers- estimated value \$40

## 12.b. Amount.

\$40

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name The Preferred Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 24 Madison Avenue Extension

City Albany

State New York

ZIP Code + 4 12203

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name New York State United Teachers Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 Troy-Schenectady Rd

City Latham

State New York

ZIP Code + 4 12110-2455

## 11.a. Nature of such dealing.

Contracted provider of Section 125 plan administration offered to employers of NYSUT members.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Get well gift- gift basket of snack items.  
Approximate value \$50

## 12.b. Amount.

\$50

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 Park Avenue

City New York

State New York ZIP Code + 4 10016-5895

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name New York State United Teachers

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 Troy-Schenectady Rd

City Latham

State New York ZIP Code + 4 12110-2455

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Benefits Consultant for NYSUT Benefit Trust

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Light dinner following HIPAA compliance seminar.  
Estimated value \$40

## 12.b. Amount.

\$40